



COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

ONE WINTER STREET, BOSTON, MA 02108 617-292-5500

MITT ROMNEY  
Governor

KERRY HEALEY  
Lieutenant Governor

STEPHEN R. PRITCHARD  
Secretary

ROBERT W. GOLLEDGE, Jr.  
Commissioner

January 20, 2006

2005 PUBLIC WATER SYSTEM ANNUAL STATISTICAL REPORT  
FOR COMMUNITY (COM) PUBLIC WATER SYSTEMS

Dear Public Water Supplier:

Enclosed is your 2005 Public Water System Annual Statistical Report form and Comprehensive Report with Violation Addendum and/or Open Enforcement/Inspection Actions Report. Not all systems will receive a Violation Addendum or an Open Enforcement/Inspection Actions Report. These forms must be completed and postmarked by **March 24, 2006**. You are required to submit this report annually.

**Please read the instructions below carefully before completing these forms.**

By completing and returning the Annual Statistical Report Form and corrected Comprehensive Report to the Department by March 24, 2006, you will have fulfilled your annual reporting requirements as a registered Public Water System, in accordance with Massachusetts Drinking Water Regulations 310 CMR 22.15. Prompt and accurate submittals also assist DEP in planning and implementing its drinking water programs and establishing your Safe Drinking Water Act Assessment. If you fail to complete and return these forms, you will be subject to enforcement action.

This year's Annual Statistical Report Form has gone through some major changes since the previous year. Our review was prompted in part by comments we received from outside users. A workgroup consisting of MassDEP staff, Public Water System representatives and other interested stakeholders identified areas that would benefit from changes and where questions needed to be expanded or reframed. Among the changes is the adoption of the U.S. EPA's new service type breakdown. The service type includes overall categories and breakouts for the Water Management Act. If you have any question please feel free to contact MassDEP staff. Notice that this document no longer applies to NTNC systems. A separate form is now in use for NTNC systems. If you have received the wrong type of form please contact the MassDEP for the correct form or download it from our web page using the instructions below.

The new updated COM Annual Statistical Report Form no longer has a Water Management Act Program (WMA) Section. Systems that are required to provide this information to the MassDEP will find enclosed a separate WMA report form. If you are subject to the WMA and have not received a WMA report form please contact MassDEP for a copy.

- New Sections were developed for state wide use to:
  - Calculate residential gallons per capita day in a consistent manner.
  - A Water Audit – for determining unaccounted for water with an AWWA type methodology

This information is available in alternate format. Call Donald M. Gomes, ADA Coordinator at 617-556-1057. TDD Service - 1-800-298-2207.

DEP on the World Wide Web: <http://www.mass.gov/dep>

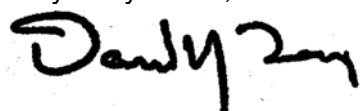
Printed on Recycled Paper

- An Appendix with definitions and suggestions for metered accounts software codes.

Additionally, MassDEP has set a goal of 2007 to have this form available to users of our eDEP electronic filing system. This will allow you to complete and submit the form electronically. We acknowledge the effort it takes to perform this filing every year and hope that changes in this year's form make it more user-friendly and easier to complete.

Thank you for working with the Drinking Water Program to protect Massachusetts' drinking water. This form is available on MassDEP's web site. Go to <http://www.mass.gov/dep/water/approvals/dwsforms.htm> and look under the heading of 'Statistical Reporting.' The pdf file can be downloaded, manually completed and returned by mail to DEP. The Microsoft Word file can be downloaded, completed on a computer, printed, signed and returned by mail to DEP. If you have any questions, comments or suggestions about these forms, please contact Mr. Mark T. Bolivar at (617) 292-5527 or the Drinking Water Program's Water Quality Assurance Section at (617) 292-5770.

Very Truly Yours,



David Y. Terry, Program Director  
Drinking Water Program

Attachments: Annual Statistical Report and Attachments  
Comprehensive Report with Violation Addendum and Open Enforcement/Inspection  
Actions Report  
Water Management Act Program Report form (if applicable)

## Directions for Completing the 2005 Statistical Report

1. Review the Public Water System Comprehensive Report with Violation Addendum (if attached). Make corrections directly on this report. If possible highlight the corrections. When you make a change directly on the Comprehensive Report, you do not need to duplicate that same information on this year's statistical report form. Simply write "SA", (see attached), for those questions. Review the Open Enforcement/Inspection Actions Report and contact your regional technical assistance provider listed below to correct or resolve any issues.
2. Complete the 2005 Public Water System Annual Statistical Report form. Some questions have an option to check "No Change". This should only be checked if your answer is the same as that on the Public Water System Comprehensive Report. Do not leave any questions blank. The spaces provided should be completed in full, marked "SA" (see attached) or have No Change checked.
3. Include your public water system identification number (PWS ID#) on all forms. Your PWS ID# is the seven-digit number that appears on the mailing label. Please remember to enter your Federal Employment Identification Number at Section B, Question 8.
4. Sign the certification statement in Section A of the Public Water System Annual Statistical Report. Remember to keep one copy of this package for your own files.

5. Return to DEP by **March 24, 2006** (must be postmarked by this date):
- **Two copies of the Statistical Report.** One of the copies of the statistical report must have an original signature, and
  - **Two copies of the Comprehensive Report with Violation Addendum and Open Enforcement/Inspection Actions Report.** (if attached)
  - **Two copies of a current Cross-Connection device inventory list**
  - **Two copies of the Water Management Act Program Annual Report Form** (if attached)

6. Mail copies to:
- Department of Environmental Protection  
Drinking Water Program, Attn: STATS PROGRAM  
One Winter Street, 6<sup>th</sup> Floor  
Boston, MA 02108

If you need help understanding the type of data requested, please contact your regional technical assistance provider:

If your PWS ID# begins with a number one (1) call the Western Regional Office (Springfield):

Mike McGrath.....(413) 755-2202 or Daniel Laprade.....(413) 755-2289

If your PWS ID# begins with a number two (2) call the Central Regional Office (Worcester)

Paul Anderson.....(508) 767-2802 or Kelly Momberger..... (508) 849-4023

If your PWS ID# begins with a number three (3) call the Northeast Regional Office (Wilmington)

William Zahoruiko.....(978) 694-3232 or Hilary Jean.....(978) 694-3229

If your PWS ID# begins with a number four (4) call the Southeast Regional Office (Lakeville)

Scott Lussier .....(508) 946-2732 or Daniel DiSalvio.....(508) 946-2793

## Directions for Completing the Electronic Version of the Form

1. The form requires an IBM compatible computer and Microsoft Word97 or more recent version. If you do not have an IBM compatible computer and Microsoft Word97 or higher, please use the paper version of the form or the pdf version of the form on DEP's web site. Both the electronic version of the form and the pdf version of the form can be downloaded at <http://www.mass.gov/dep/water/approvals/dwsforms.htm> under the heading of 'Statistical Reporting.'
2. Improve the look of the form by ensuring the gridlines in Microsoft Word are turned off. To turn off the gridlines, open Word, go to the Table menu, and click on Hide Gridlines.
3. To navigate through the form or move from question to question:
 

Forward: Use the tab key or the right arrow key.

Backward: Hold down the shift key and the tab key at the same time or use the back arrow key.

Reposition: Use the mouse to point and click. If the Enter key is pressed, you will need to press the backspace key to return to the visible field you were typing in.



**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection – Drinking Water Program  
**2005 Public Water Supply Annual Statistical Report**  
 For Community Public Water Systems-Reporting Period 1/1/2005 – 12/31/2005

COMMUNITY  
 PWSID#:  
 Name:  
 City/Town:

## A Certification

Please use the tab key to move forward.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am authorized to fill out these forms, and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief.



Name of Certifying Person

Title

Phone Number

Fax Number

Signature of Certifying Person

Date (mm/dd/yyyy: please type in the slash in between month, date, and year.)

If you press the enter or return key, please press the backspace key until the form returns to normal.

## B Public Water Supply Information

- Please review and correct the information shown on your Comprehensive Report. The Comprehensive Report was enclosed with the mailed copy of this form.
- Please review the Treatment Plant and the Treatment section of each source on the Comprehensive Report. Note that the physical address of the treatment plant is required. Failure to provide this address will result in this form being considered incomplete and enforcement action may be taken.
- Physical addresses on the Comprehensive Report must not contain PO Boxes.

- ☐ Check this box if there are no changes to your Comprehensive Report  
☐ Check this box if you made changes to your Comprehensive Report

1. Public Water System: (This address must be for the party legally responsible for regulatory compliance.) ☐ No Change

PWS mailing address

City/Town

State (please use 2 letter abbreviation)

Zip Code

Phone Number

Fax Number (if available)

http://

Web Site Address of PWS (if available)

2. Owner Information:

Owner's Name (if not municipal):

3. Primary Contact: ☐ No Change

Name (First, Last) • one name only•

Phone Number

Email Address (For Emergency Purposes)

If the mailing address is different from the one shown on the Comprehensive Report (enclosed with the mailing of this form) please fill in the mailing address.



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PWSID#:	
Name:	
City/Town:	

## **B Public Water Supply Information (cont.)**

4. Certified Drinking Water Operator employed by the PWS:\* ☐ No Change

Attach a list of all additional facility operators and corresponding license numbers

Primary Certified Operator – Distribution: Name	Grade	License Number	Status: OIT <input type="checkbox"/> Full <input type="checkbox"/>
Secondary Certified Operator – Distribution: Name	Grade	License Number	Status: OIT <input type="checkbox"/> Full <input type="checkbox"/>
Secondary Certified Operator – Distribution: Name	Grade	License Number	Status: OIT <input type="checkbox"/> Full <input type="checkbox"/>
Secondary Certified Operator – Distribution: Name	Grade	License Number	Status: OIT <input type="checkbox"/> Full <input type="checkbox"/>
Primary Certified Operator – Treatment: Name	Grade	License Number	Status: OIT <input type="checkbox"/> Full <input type="checkbox"/>
Secondary Certified Operator – Treatment: Name	Grade	License Number	Status: OIT <input type="checkbox"/> Full <input type="checkbox"/>
Secondary Certified Operator – Treatment: Name	Grade	License Number	Status: OIT <input type="checkbox"/> Full <input type="checkbox"/>
Secondary Certified Operator – Treatment: Name	Grade	License Number	Status: OIT <input type="checkbox"/> Full <input type="checkbox"/>

\* Note: you must have certified operators in accordance with 310 CMR 22.11B

5. Primary Certified Operator Contact Information:

Name	Phone Number		
Mailing Address	Town/City	State	Zip Code

6. If you use a contract certified operator, does your system have a signed Public Water System Certified Operator Compliance Notice approved by the DEP? ☐ Yes ☐ No

7. Names of Water Commissioners/Selectmen/Trustees/Association Board Members (if applicable). Please attach an organizational chart, if available.

Attach a list of all additional staff to be contacted in the event of an emergency

Name of Chairman	Phone Number	Title
Name	Phone Number	Title
Name	Phone Number	Title

8. Federal Employment Identification Number \_\_\_\_\_

9. Is this system a not-for-profit organization? ☐ Yes ☐ No  
 If yes, indicate Tax Exempt code (e.g., 501C): \_\_\_\_\_

10. Population Served (Daily Average): ☐ No Change  
 Winter Population (October – March): \_\_\_\_\_

Summer Population (April – September): \_\_\_\_\_

By what method was the population figured?

Census Type: ☐ City/Town Annual ☐ Federal (10 year)  
 Other \_\_\_\_\_



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City/Town:	

**B Public Water Supply Information (cont.)**

11. Distribution Meter information:

- a. Percentage of distribution system metered: \_\_\_\_\_ %
- b. Are all publicly owned buildings metered? ☐ Yes ☐ No
- c. If No, what percent are? \_\_\_\_\_ %

12. System Information: ☐ No Change

- a. Number of Service Connections: \_\_\_\_\_
- b. Percentage of water obtained from the following sources (Total =100%):
- | _____ %      | _____ %       | _____ %          | _____ %           |
|--------------|---------------|------------------|-------------------|
| Ground Water | Surface Water | Purchased Ground | Purchased Surface |
- c. Finished Water Storage Capacity in Million Gallons (MG): \_\_\_\_\_  
 [Conversion factor is (# of gallons)/(1,000,000)= MG]

13. Emergency Response Plan (ERP):

Do you have an Emergency Response Plan?

☐ Yes ☐ No

DO NOT submit your ERP to DEP. The DEP will review the ERP during your next sanitary survey.

14. Emergency Directory Update:

Please submit an updated Emergency Response Plan Directory with this Annual Statistical Report.  
 (Attachment 1 – “Emergency Response Plan Directory” is enclosed with this form.)

15. Do you have an antenna or other appurtenance (not needed for drinking water purposes) attached to your storage tank(s)?

☐ Yes ☐ No

If Yes, List antennae or other appurtenances, owner(s) names, and the date approved by your system:

Antennae or Appurtenances	Owner Name	Date (mm/dd/yyyy)
Antennae or Appurtenances	Owner Name	Date (mm/dd/yyyy)
Antennae or Appurtenances	Owner Name	Date (mm/dd/yyyy)



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## **C Cross Connection Control Program**

1. Cross Connection Control Program Coordinator:

Name	Phone Number
2. Cross-Connection Surveyor responsible for review and approval of design data sheets and plans for proposed new installations of reduced pressure backflow preventers (RPBPs), double check valve assemblies (DCVAs), and air gap separations with tank and pump arrangements in accordance with 310 CMR 22.22(4)(b):	

Name	MA Cert. #	Phone Number
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Mailing Address (if different from water system)

3. Are there any cross connections in your service area protected by RPBPs or DCVAs? Yes ☐ No ☐

If Yes, provide a list of the RPBPs or DCVAs that meet the Department's definition of a cross connection and comply with regulations under 310 CMR 22.22. The list must include Facility Name, Address, Type of Device, and Cross Connection Identification Number. **This information is required; failure to submit a list constitutes a violation of 310 CMR 22.22 and may cause the department to take enforcement action against the system. The issuance of the DEP's permit letter will be held until such list is provided.**

4. Does your water system **review and approve** design data sheets and plans for proposed new installations of RPBPs, DCVAs, and air gap separations with tank and pump arrangements in accordance with 310 CMR 22.22(4)(b)? ☐ Yes ☐ No
5. Does your water system ensure, upon completion of installation, that backflow prevention devices are **installed according to the approved design data sheets and plans and are tested** for proper operation in accordance with 310 CMR 22.22(4)(b)? ☐ Yes ☐ No
6. What is the total number of facilities served by your PWS in the following categories?

Industrial \_\_\_\_\_ Commercial \_\_\_\_\_ Institutional \_\_\_\_\_ Municipal \_\_\_\_\_

7. Have all commercial, industrial, institutional and municipal owned facilities in your service areas been surveyed for cross-connections at least once? ☐ Yes ☐ No

If No, when will these cross-connection surveys be completed? \_\_\_\_\_

If Yes, Go to Question #9

(mm/dd/yyyy)

8. What is the total number of facilities remaining to be surveyed for cross connection in each of the following categories:

Industrial \_\_\_\_\_ Commercial \_\_\_\_\_ Institutional \_\_\_\_\_ Municipal \_\_\_\_\_

9. Of the total number of facilities served in each category how many did you survey or re-survey last year?:

Industrial \_\_\_\_\_ Commercial \_\_\_\_\_ Institutional \_\_\_\_\_ Municipal \_\_\_\_\_

10. How many violations did you find last year? \_\_\_\_\_

11. What is the total number of RPBPs installed on your water system? \_\_\_\_\_

12. How many RPBPs were installed last year? \_\_\_\_\_

13. What is the total number of DCVAs installed on your water system? \_\_\_\_\_

14. How many DCVAs were installed last year? \_\_\_\_\_



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City/Town:	

**C Cross Connection Control Program (cont.)**

15. Are all testable backflow preventers inspected and tested in accordance with 310 CMR 22.22 (14)?  
☐ Yes ☐ No
16. Total # of tests conducted on RPBP's last year?: \_\_\_\_\_
17. Total # of RPBP's re-tested last year?: \_\_\_\_\_
18. Total # of tests conducted on DCVAs last year?: \_\_\_\_\_
19. Total # of DCVAs re-tested last year?: \_\_\_\_\_
20. What is the maximum time allowed to protect a cross connection after the discovery of a violation?  
 Check one.  
☐ 14 days ☐ 30 days ☐ 90 days ☐ Greater than 90 days
21. Do you have a fully implemented active educational program directed toward residential users?  
☐ Yes ☐ No
22. Do you have a fully implemented educational program for specific users (ex. Industrial, Commercial, Institutional and Municipal)? ☐ Yes ☐ No
- If Yes, please list the types of users: \_\_\_\_\_

23. Does your system have an atmospheric vacuum breaker (hose bib) program for your customers?  
☐ Yes ☐ No  
 If No, do you plan to institute one in the future? ☐ Yes ☐ No
24. Does your system have a local ordinance, by-law or policy statement on cross-connection control?  
☐ Yes ☐ No
25. Does your water system have a containment policy? ☐ Yes ☐ No
26. Did your system use the services of a third party/consultant for the implementation of your Cross-connection Control Program or a portion of it? ☐ Yes ☐ No If Yes, please provide:

Attach a separate sheet if necessary.

Name of the MA Certified Surveyor &/or Tester	DEP Certification ID #	Expiration Date
Name of the MA Certified Surveyor &/or Tester	DEP Certification ID #	Expiration Date

27. Has there been a cross-connection incident in your water system this year? ☐ Yes ☐ No  
 If Yes, please provide information below: (Use a separate sheet if necessary)

Date & Time (mm/dd/yyyy hh:mm am/pm)

Location

Brief Description





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## **D Water Production & Consumption Information**

### 1. Water Production and Consumption Summary for Last Year (2005):

Please identify whether the information provided in column 1 is raw or finished. If you have volumes for both raw and finished please copy and complete the following table for each volume.

[Conversion factor is (# cubic feet)(7.481) = (# of gallons)]

As of 12/31/2001 all systems were required to comply with 310 CMR 22.04(6). Which requires all PWSs to be metered.

Month	(1) Amount pumped from own sources <input type="checkbox"/> Raw or <input type="checkbox"/> Finished	(2) Amount purchased from other systems*	(3) Amount sold to other systems**	Net Water Consumption (1) + (2) – (3) = Net
Withdrawal Units (check one)	<input type="checkbox"/> : Gallons (GAL) or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
TOTAL				

Maximum Daily Consumption:

☐: GAL OR ☐ MG

Volume

Date (mm/dd/yyyy)

Please attach additional sheets if necessary.

\* If purchasing water, list the systems you purchase from, use the same units as above.

Name(s)	PWS ID #	Total Amount for Last Year
---------	----------	----------------------------

Name(s)	PWS ID #	Total Amount for Last Year
---------	----------	----------------------------

Name(s)	PWS ID #	Total Amount for Last Year
---------	----------	----------------------------

\*\* If selling water, list the systems you sell to, use the same units as above.

Name(s)	PWS ID #	Total Amount for Last Year
---------	----------	----------------------------

Name(s)	PWS ID #	Total Amount for Last Year
---------	----------	----------------------------

Name(s)	PWS ID #	Total Amount for Last Year
---------	----------	----------------------------



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Name:	
City/Town:	

## **D Water Production & Consumption Information (cont.)**

### 2. Consumption by service type:

Please fill out the table below as accurately as possible. If at all possible fill out the Water Management Act sections (WMA) of the table. Then total them up into their respected groups. The percentage is the total percent of the metered groups in regards to the total amount used by the system.

	# Service connections		Metered Amount		Percent Used %
	Totals	WMA	Totals	WMA	
Residential Area					
Single Family					
Multi Family					
Homeowners Association (condos)					
Mobile Home Park (principal residence)					
Mobile Home Park (non-primary residence)					
Secondary Residence					
Subdivision					
Other Residential Area					
Prisons and Mental Hospitals					
Dormitories					
Nursing Homes, Rest Homes					
Mixed Use Residential/Commercial					
Other Semi-permanent Res. Area (> 6 Months)					
Recreational					
Ski Area					
Golf Course					
Misc. Recreational					
Service Station					
Summer Camp					
Restaurant					
Highway Rest Area					
Hotel/Motel					
Other Transient Area					
Agricultural/Industrial					
Horticultural Nursery					
Cranberry Growers					
Farms and Other Agriculture					
Industrial, Manufacturing					



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## **D Water Production & Consumption Information (cont.)**

### 2. Consumption by service type (cont.):

	# Service connections		Metered Amount		Percent Used %
	Totals	WMA	Totals	WMA	
Institution					
Medical Facility					
Retail Employees					
Dispenser					
Interstate Carrier					
Water Bottler					
Wholesaler					
Other Non-Transient Area					
Utilities					
Car Washes					
Other Commercial Use					
Schools					
Schools K-12					
Universities and Colleges					
Day Care Center					
Municipality					
Sanitary Improvement District					
Other Area					



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## **E Individual Source Statistics**

If you have more than four sources or withdrawal points, please use an extra Section E from the DEP web page or make photocopies of this page.

Please provide data in the adjacent table for all of your sources (Active, Emergency, Inactive, or Abandoned)

Source Name				
Source ID #				
Source Watershed				
Source Availability* (check one)	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned
Date of Meter Installation	(mm/dd/yyyy) OR <input type="checkbox"/> no meter	(mm/dd/yyyy) OR <input type="checkbox"/> no meter	(mm/dd/yyyy) OR <input type="checkbox"/> no meter	(mm/dd/yyyy) OR <input type="checkbox"/> no meter
Date Last Meter Calibration for this Source	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Withdrawal Units (check one)	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG
Type of water metered for source	<input type="checkbox"/> Raw or <input type="checkbox"/> Finished	<input type="checkbox"/> Raw or <input type="checkbox"/> Finished	<input type="checkbox"/> Raw or <input type="checkbox"/> Finished	<input type="checkbox"/> Raw or <input type="checkbox"/> Finished
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total Amount Pumped				
Total # of Days Pumped **				
Max. Amount Pumped in a Single Day				
Date Max. Amount Pumped	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)

\* The source availability codes are the same as last year's. The following definitions still apply:

Active Source (Formerly: Permanent, Backup, Seasonal, Provisional, Interim) means an approved source(s), monitored and maintained to meet 310 CMR 22.00 and used for primary or backup purposes to meet consumer demand as necessary.

Inactive Source (Other, contaminated) means an approved source(s), which is expected to be off-line for at least one year (12 months). A source may be deemed inactive only upon written approval of the Department. An inactive source may not return to active status without written approval from the Department.

Emergency Source (No change from previous) means any source of water used to supplement or temporarily replace a public water system's active or inactive source(s) when water of sufficient quality or quantity is not available. An emergency source may be placed on-line only after the Department's approval pursuant to a declaration of a state of water emergency under M.G.L. c. 1G § 15-17 or as a requirement of a Department administrative order.

Abandoned Source (Formerly: Other) means a source that is physically disconnected from a public water system and is no longer maintained as an active, inactive, or emergency source. Abandoned source(s) cannot be used as a public water supply source. A source may only be abandoned pursuant to 310 CMR 22.25.

\*\* Total number of days that a source was used during the year.



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PWSID#:
Name:
City/Town:

Please fill out one Section F form for each water source. For an extra Section F, please go to the MassDEP web page or make copies of this page as necessary.

## **F Watershed/Ground Water Inspection Report**

Source Name	Source ID Number
-------------	------------------

For the ground or surface source listed:

1. Is the Zone II or Zone A protected by any of the following local measures? (Check all that apply)

☐ Water supply protection bylaw/ordinance

Year Adopted or Amended \_\_\_\_\_

☐ Water supply protection board of health regulation

Year Adopted or Amended \_\_\_\_\_

☐ Wellhead or Surface water protection plan

Year \_\_\_\_\_

2. During your inspections of the water supply protection areas did you identify any new land uses or activities that pose a threat to drinking water quality? ☐ Yes ☐ No

If Yes, please describe: \_\_\_\_\_

3. Did you identify any violations of state or local land use controls last year? ☐ Yes ☐ No

If Yes, did you report those violations to the local inspector of buildings, building commissioner, local board of health or department of health? ☐ Yes ☐ No

If Yes, please describe violations and resolutions: \_\_\_\_\_

4. If this is a groundwater source, is the Zone I entirely owned and/or controlled by the water supplier? ☐ Yes ☐ No

If No, please describe Zone I land use(s): \_\_\_\_\_

5. Do you have a Watershed or Wellhead Protection Committee? ☐ Yes ☐ No

If Yes, list what organizations the committee members represent? (i.e. citizen's groups, local government, business groups, etc.)

6. If there are any changes to your Zone I a map showing the changes must be attached to this report. (a map can be found on our web page at <http://www.mass.gov/dep/water/approvals/dwsforms.htm> under the heading of 'Statistical Reporting.')

Completion and filing of this report meets the requirement-s of the Drinking Water Regulations of Massachusetts 310 CMR 22.21(4) for ground water systems and 310 CMR 22.20A(2)(b) 5.e. and 5.f. for surface water systems.



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COM

COMMUNITY

PWSID#:

Name:

City/Town:

## Attachment 1 - Emergency Response Plan Directory

### 1 Local Authorities

Please complete all items of this form, return 2 copies to the DEP Drinking Water Program's Boston Office with your Annual Statistical Report, and keep a copy in an accessible location along with the rest of your emergency response information. Please keep this information up-to-date.

a. Fire Department:

Name	Title	Phone
Fax	Email	

b. Police Department:

Name	Title	Phone
Fax	Email	

c. Health Department:

Name	Title	Phone
Fax	Email	

d. Town Official(s)/Elected Official(s):

Name	Title	Phone
Fax	Email	

Name	Title	Phone
Fax	Email	

Name	Title	Phone
Fax	Email	

Name	Title	Phone
Fax	Email	

### 2 Water Supply Responsible Authorities

a. Superintendent:

Name	Work Phone	Home Phone
Fax	Email	

b. Assistant Superintendent:

Name	Work Phone	Home Phone
Fax	Email	



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**2 Water Supply Responsible Authorities (cont.)**

c. Primary Certified Operator:

Name	Work Phone	Home Phone
Fax	Email	

d. Secondary Certified Operator:

Name	Work Phone	Home Phone
Fax	Email	

**3 Local News Media**

a. Newspaper(s):

Name	Phone
Fax	Email
Name	Phone
Fax	Email

b. Radio Station(s):

Name	Phone
Fax	Email
Name	Phone
Fax	Email

c. Television Station(s):

Name	Phone
Fax	Email
Name	Phone
Fax	Email

d. Other Media ( e.g. Short-wave Radio Operator(s) )

Name	Phone
Fax	Email
Name	Phone
Fax	Email



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COMMUNITY

PWSID#:

Name:

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**4 Contact or Notify**

Examples of  
Special  
Users are  
hospitals,  
nursing  
homes, and  
prisons.

a. Specials User(s):

Name	Email	Phone
Address		Fax

b. Waterworks Contractor(s):

Name	Email	Phone
Address		Fax

c. Hazardous/Toxic Clean-up Contractor(s):

Name	Email	Phone
Address		Fax

d. Replacement (rental/purchase)/Repair Supplier(s):

Name	Email	Phone
Address		Fax